

IAA Number				Agency's Agreement			
GT&C #	Order # Ame	endment # / Mod #	Tracking I	Number (Optional) GSA	<u>.0901</u>		
	PRIMARY OR	GANIZATION / OFF	ICE INFORMAT	ON			
24.	Requesting	Agency		Servicing Agency			
Primary Organization / Office Name	General Ser	vices Administration		Digital Infrastructure Services Center - FMMI Vendor ID 1400000353			
Responsible Organization / O Address	ffice 1800 F Stre Washington			8930 Ward Parkway Kansas City, MO 64114			
	ORDER	REQUIREMENTS II	NFORMATION				
performance period mo Modification Summary Line.	d, state the new perform by Line (Block 26) e a brief explanation f	ormance period for the first first the mod involves a	his Order in Blocl adding, deleting c	nanges being made. For 27. Fill out the Fundi or changing Funding for erformance Period End [ng an Order		
26. Funding Modification Summary by Line	Line # 0001 GSA0901	Line # 0002	Line # 0003	Total of All Other Lines (attach funding details)	Total		
Original Line Funding	\$3,580,695.76				\$3,580,695.76		
Cumulative Funding Changes From Prior Mods [addition (+) or reduction (-)]	\$0.00				\$0.00		
Funding Change for This Mod	\$0.00				\$0.00		
TOTAL Modified Obligation	\$3,580,695.76				\$3,580,695.76		
Total Advance Amount (-)	\$0.00				\$0.00		
Net Modified Amount Due	\$3,580,695.76				\$3,580,695.76		
27. Performance Period		Start Date	10-01-2021	End Date	09-30-2022		
For a performance period modern and end dates that reflect the period.			MM-DD-YYY		MM-DD-YYYY		



IAA Numbe	_	GT&C	# (Order #	Am	nendme	ent # / M	1od #	_				greeme		901	
													•			
28. Order Line / Funding Information								Line Number								
						Servicing Agency Funding Information										
ALC									12-40-0407							
Component TAS	SP	ATA	AID	BPOA	EPOA	Α	MAIN	SUB	SP	ATA	AID	BPOA	EPOA	Α	MAIN	SUB
(required											012			X	4609	000
by 10/1/2014)											012			Λ	4000	000
and/or curre	nt TAS	format	t													
BETC				DISB		COLL										
Object Class	Code	(Optio	nal)			0200										
BPN									80120	01760						
BPN + 4 (Op	tional)			0000 1 0			-00104									
Additional Ad Classification (Optional)			า	TS1404 -	\$3,192,42 X-IT20-Q0	25.55 an	d 2022-	022- R107-TS1404 - IT.RN.N009.01.DA00.GSA00								
Requesting /	Agency	/ Fundi	ng Exp	oiration D	ate				Requesting Agency Funding Cancellation Date							
09-30-2022								09-30-2027								
MM-DD-YYY	Ϋ́				N					MM-DD-YYYY						
Project Num	nber &	Title	GSA09	901 - GS	A.AppDe	ev_Cor	nexus									
Description of Products and/or Service, including the Bona Fide Need for this Order (State or attach a description of products/services, including the Bona Fide need for this Order.) Refer to attached Price Quote and applicable appendices.						f										
North Americ	can Inc	lustry (Classifi	cation Sy	ystem (N	ICAIS)	Numbe	r (Optio	onal)							
Breakdown	of Rei	mburs	able L	ine Cos	ts and/o	r Brea	kdown	of Ass	isted	Acquis	ition L	ine Cos	st:			
Unit of Meas	ure							Contract Cost			\$0.00					
Quantity		Unit F	Price		Total			Servicing Fees			\$0.00					
1	\$3,580,695.76 \$3,580,695.76			5	Total Cost	Obliga	ted	\$0.00								
Overhead Fees and Charges \$6			\$0.00			Advai	dvance for Line)		\$0.00							
Total Line Amount Obligated			\$3,580	,695.70	6	Net Total Cost			\$0.00							
Advance Line Amount (-)			\$0.00			Assisted Acquisition Servicing Fee			es Expla	nation						
Net Line Amount Due			\$3,580	,695.70	6											
Type of Ser	vice R	equire	ments	i												
Severable Service			U No	on-seve	erable S	ervice				U No	t Applica	able				



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	,	•		-	Products/Services was checked "Yes" on the GT&C) mounts (Block 28) must sum to this total.]
			-		Revenue Recognition Methodology that will be used
			ense and the Serv		
Straight-	-line - Provide a	mount to be a	accrued and Num	ber of Month	s.
Accrual	Per Work Comp	oleted- Identif	y the accounting p	ost period:	
	Monthly pe	er work compl	eted and invoiced		
			ular period (bimon nicated if other tha		ly, etc.) for posting accruals and how the accrual
00 Tatal Nat	01 4	. A. C.O. C.O.	7.70		
				s and Net To	otal Costs for Assisted Acquisition Agreements (Block
31. Attachme	nts (State or list	t attachments	.)		
Key pro	ject and/or acqu	uisition milesto	ones (Optional exc	ept for Assis	sted Acquisition Agreements)
Other A	ttachments (Op	tional)			
		E	BILLING AND PAY	MENT INFO	DRMATION
					collection (IPAC) is the Preferred Method.] artner Agreement (TPA).
	ting Agency Init		\checkmark	١	Agency Initiated IPAC
)	
Credit C	ard			Other- Ex	xplain other payment method and reasoning
33. Billing Fre					II di Birati di Berene (
	iust be submit .e., via IPAC tra		ervicing Agency a	ind accepte	d by the Requesting Agency BEFORE funds are
✓ Monthly	,	Quarte	orly	Oth	er Billing Frequency (include explanation):
C WIOTHING		U Quart	ыну	U Ouit	include explanation).
	- (0.1				
34. Payment 1	Terms(Select O	,			
☐ 7 days			Payment Terms		
		Upon Rece	eipt		



Order Requireme	ents and Fundin	ig illiorillatio	ii (Order) Section	LEAD. TRANSFORM. DELIVER.
IAA Number				rvicing Agency's Agreement
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35. Funding Cla of Funds)	auses / Instru	ctions(Optic	onal) (State and/or list funding clauses/	instructions such as Subject to the Availability
36. Delivery / S	hipping Inforr	mation for P	Products (Optional)	
Agency Name				
Point of Contact & Title	(POC) Name			
POC Email Add	ress			
Delivery Addres Number	s / Room			
POC Telephone	Number			
Special Shipping				
	_			
		4.0	DDOVALO AND CONTACT INFORM	ATION
		AP	PROVALS AND CONTACT INFORM	ATION
	fficials, as iden I and can be fu	Ifilled for this		ency, must ensure that the scope of work is any not be the Contracting Officer depending
		Requesti	ng Agency	Servicing Agency
Name		Tracey M		Wayne Peters
Title		Deputy Dire	ector, Office of Enterprise Technology Solution	s EAS Account Manager
Telephone Num	ber	(215) 446	6-4803	(970) 295-5435
Fax Number			OccuSigned by:	
Email Address		tracey.m/n	PLICK & ADSTACK	wayne.peters@usda.gov
SIGNATURE			D182BC8186643F	
Date Signed				
that the funds an Agency Funding	re accurately of Official signs	cited and ca to obligate fo	n be properly accounted for per the pu	puesting Agency and Servicing Agency, certify rposes set forth in the Order. The Requesting Official signs to start the work, and to bill, be with the agreement.
		Requesti	ng Agency	Servicing Agency
Name		Francisco	Wong Vidal	Chuck Koelsch
Title		Financial	Management Analyst	Chief, FinMgmtBranch
Telephone Num	ber	202-357-		816-823-1196
Fax Number		_	DocuSigned by:	
Email Address		francisco	wongvidal@gsa.gav//al	chuck.koelsch@usda.gov
SIGNATURE			₹\andsto\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
Date Signed				



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	CONTACT INFORMATION				
39. FINANCE OFFICE Points of	f Contact (POCs)				
	Requesting Agency (Payment Office)	Servicing Agency (Billing Office)			
Name	Kristine Curtis	Nancy Chapman			
Title	Billing Management Specialist	Financial Management Specialist			
Office Address	1800 F St NW PO Box 17181 Washington DC	8930 Ward Parkway Kansas City MO			
Telephone Number	(703) 306-6214	(816) 926-2355			
Fax Number					
Email Address	kristine.curtis@gsa.gov	nancy.chapman@usda.gov			
Signature & Date (Optional)					
	ntacts (POCs) (as determined by each Agency). G Office Points of Contact (POCs).				
	Requesting Agency	Servicing Agency			
Name	Nurys Alvarado				
Title	Management Analyst				
Office Address	1800 F St NW , Washington DC				
Telephone Number	(703) 306-6137				
Fax Number					
Email Address	nurys.alvarado@gsa.gov				
Signature & Date (Optional)					
Name					
Title					
Office Address					
Telephone Number					
Fax Number					
Email Address					
Signature & Date (Optional)					
Name					
Title					
Office Address					
Telephone Number					
Fax Number					
Email Address					
Signature & Date (Optional)					